

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) S03P1275WO00

Box No. I TITLE OF INVENTION

DISPLAY APPARATUS AND COLOR CATHODE-RAY TUBE

Box No. II APPLICANT

☐ This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

SONY CORPORATION
7-35, Kitashinagawa 6-chome,
Shinagawa-ku, TOKYO 141-0001 JAPAN

Telephone No.

03-5448-2111

Facsimile No.

03-5448-2244

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality:

JAPAN

State (that is, country) of residence:

JAPAN

This person is applicant
for the purposes of:☐ all designated
States☒ all designated States except
the United States of America☐ the United States
of America only☐ the States indicated in
the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

KUSUNOKI Tsuneo
c/o SONY CORPORATION
7-35, Kitashinagawa 6-chome,
Shinagawa-ku, TOKYO 141-0001 JAPAN

This person is:

☐ applicant only☒ applicant and inventor☐ inventor only (If this check-box
is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

JAPAN

State (that is, country) of residence:

JAPAN

This person is applicant
for the purposes of:☐ all designated
States☐ all designated States except
the United States of America☒ the United States
of America only☐ the States indicated in
the Supplemental Box☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf
of the applicant(s) before the competent International Authorities as:☒ agent☐ common
representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

12288 Attorney TSUNODA Yoshisue
Shinjuku Bldg., 8-1, Nishishinjuku 1-chome,
Shinjuku-ku, TOKYO 160-0023 JAPAN

Telephone No.

03-3343-5821

Facsimile No.

03-3348-2746

Teleprinter No.

Agent's registration No. with the Office

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

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Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

OHNO Katsutoshi
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7-35, Kitashinagawa 6-chome,
Shinagawa-ku, TOKYO 141-0001 JAPAN

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

JAPAN

State (that is, country) of residence:

JAPAN

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

FUJITA Koji
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Shinagawa-ku, TOKYO 141-0001 JAPAN

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

JAPAN

State (that is, country) of residence:

JAPAN

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

IGARASHI Takahiro
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7-35 Kitashinagawa 6-chome,
Shinagawa-ku, TOKYO 141-0001 JAPAN

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

JAPAN

State (that is, country) of residence:

JAPAN

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.

Box No. V DESIGNATION OF STATES

Mark the applicable check-boxes below; at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

Regional Patent

- ☐ AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line)
- ☐ EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☐ EP European Patent: AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, HU Hungary, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, RO Romania, SE Sweden, SI Slovenia, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☐ OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

- | | | |
|--|---|---|
| <input type="checkbox"/> AE United Arab Emirates | <input type="checkbox"/> HR Croatia | <input type="checkbox"/> OM Oman |
| <input type="checkbox"/> AG Antigua and Barbuda | <input type="checkbox"/> HU Hungary | <input type="checkbox"/> PG Papua New Guinea |
| <input type="checkbox"/> AL Albania | <input type="checkbox"/> ID Indonesia | <input type="checkbox"/> PH Philippines |
| <input type="checkbox"/> AM Armenia | <input type="checkbox"/> IL Israel | <input type="checkbox"/> PL Poland |
| <input type="checkbox"/> AT Austria | <input type="checkbox"/> IN India | <input type="checkbox"/> PT Portugal |
| <input type="checkbox"/> AU Australia | <input type="checkbox"/> IS Iceland | <input type="checkbox"/> RO Romania |
| <input type="checkbox"/> AZ Azerbaijan | <input type="checkbox"/> JP Japan | <input type="checkbox"/> RU Russian Federation |
| <input type="checkbox"/> BA Bosnia and Herzegovina | <input type="checkbox"/> KE Kenya | <input type="checkbox"/> SC Seychelles |
| <input type="checkbox"/> BB Barbados | <input type="checkbox"/> KG Kyrgyzstan | <input type="checkbox"/> SD Sudan |
| <input type="checkbox"/> BG Bulgaria | <input type="checkbox"/> KP Democratic People's Republic of Korea | <input type="checkbox"/> SE Sweden |
| <input type="checkbox"/> BR Brazil | <input checked="" type="checkbox"/> KR Republic of Korea | <input type="checkbox"/> SG Singapore |
| <input type="checkbox"/> BY Belarus | <input type="checkbox"/> KZ Kazakhstan | <input type="checkbox"/> SK Slovakia |
| <input type="checkbox"/> BZ Belize | <input type="checkbox"/> LC Saint Lucia | <input type="checkbox"/> SL Sierra Leone |
| <input type="checkbox"/> CA Canada | <input type="checkbox"/> LK Sri Lanka | <input type="checkbox"/> SY Syrian Arab Republic |
| <input type="checkbox"/> CH & LI Switzerland and Liechtenstein | <input type="checkbox"/> LR Liberia | <input type="checkbox"/> TJ Tajikistan |
| <input type="checkbox"/> CN China | <input type="checkbox"/> LS Lesotho | <input type="checkbox"/> TM Turkmenistan |
| <input type="checkbox"/> CO Colombia | <input type="checkbox"/> LT Lithuania | <input type="checkbox"/> TN Tunisia |
| <input type="checkbox"/> CR Costa Rica | <input type="checkbox"/> LU Luxembourg | <input type="checkbox"/> TR Turkey |
| <input type="checkbox"/> CU Cuba | <input type="checkbox"/> LV Latvia | <input type="checkbox"/> TT Trinidad and Tobago |
| <input type="checkbox"/> CZ Czech Republic | <input type="checkbox"/> MA Morocco | |
| <input type="checkbox"/> DE Germany | <input type="checkbox"/> MD Republic of Moldova | <input type="checkbox"/> TZ United Republic of Tanzania |
| <input type="checkbox"/> DK Denmark | | <input type="checkbox"/> UA Ukraine |
| <input type="checkbox"/> DM Dominica | <input type="checkbox"/> MG Madagascar | <input type="checkbox"/> UG Uganda |
| <input type="checkbox"/> DZ Algeria | <input type="checkbox"/> MK The former Yugoslav Republic of Macedonia | <input checked="" type="checkbox"/> US United States of America |
| <input type="checkbox"/> EC Ecuador | <input type="checkbox"/> MN Mongolia | <input type="checkbox"/> UZ Uzbekistan |
| <input type="checkbox"/> EE Estonia | <input type="checkbox"/> MW Malawi | <input type="checkbox"/> VC Saint Vincent and the Grenadines |
| <input type="checkbox"/> ES Spain | <input type="checkbox"/> MX Mexico | <input type="checkbox"/> VN Viet Nam |
| <input type="checkbox"/> FI Finland | <input type="checkbox"/> MZ Mozambique | <input type="checkbox"/> YU Serbia and Montenegro |
| <input type="checkbox"/> GB United Kingdom | <input type="checkbox"/> NI Nicaragua | <input type="checkbox"/> ZA South Africa |
| <input type="checkbox"/> GD Grenada | <input type="checkbox"/> NO Norway | <input type="checkbox"/> ZM Zambia |
| <input type="checkbox"/> GE Georgia | <input type="checkbox"/> NZ New Zealand | <input type="checkbox"/> ZW Zimbabwe |
| <input type="checkbox"/> GH Ghana | | |
| <input type="checkbox"/> GM Gambia | | |

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

☐ ☐ ☐

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

Supplemental Box

If the Supplemental Box is not used, this sheet should not be included in the request.

1. If, in any of the Boxes, except Boxes Nos. VIII(i) to (v) for which a special continuation box is provided, the space is insufficient to furnish all the information: in such case, write "Continuation of Box No. ..." (indicate the number of the Box) and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient, in particular:
 - (i) if more than two persons are to be indicated as applicants and/or inventors and no "continuation sheet" is available: in such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below;
 - (ii) if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States indicated in the Supplemental Box" is checked: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the applicant(s) involved and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is applicant;
 - (iii) if, in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the inventor(s) and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is inventor;
 - (iv) if, in addition to the agent(s) indicated in Box No. IV, there are further agents: in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box No. IV;
 - (v) if, in Box No. V, the name of any State (or OAPI) is accompanied by the indication "patent of addition," or "certificate of addition," or if, in Box No. V, the name of the United States of America is accompanied by an indication "continuation" or "continuation-in-part": in such case, write "Continuation of Box No. V" and the name of each State involved (or OAPI), and after the name of each such State (or OAPI), the number of the parent title or parent application and the date of grant of the parent title or filing of the parent application;
 - (vi) if, in Box No. VI, there are more than five earlier applications whose priority is claimed: in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI.
2. If, with regard to the precautionary designation statement contained in Box No. V, the applicant wishes to exclude any State(s) from the scope of that statement: in such case, write "Designation(s) excluded from precautionary designation statement" and indicate the name or two-letter code of each State so excluded.

[Continuation of Box No. IV]
 11351 Attorney ISOYAMA Hironobu
 Shinjuku Bldg., 8-1, Nishishinjuku 1-chome,
 Shinjuku-ku, TOKYO 160-0023 JAPAN

Telephone No.
 03-3343-5821
 Facsimile No.
 03-3348-2746

The priority of the following earlier application(s) is hereby claimed:

☐ Further priority claims are indicated in the Supplemental Box.

☐ all items ☐ item (1) ☐ item (2) ☐ item (3) ☐ item (4) ☐ item (5) ☐ other, see Supplemental Box

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

ISA / ...JP

Date (day/month/year)	Number	Country (or regional Office)
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Number of
declarations

- | | | | |
|--------------------------|--------------------|--|---|
| <input type="checkbox"/> | Box No. VIII (i) | Declaration as to the identity of the inventor | : |
| <input type="checkbox"/> | Box No. VIII (ii) | Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent | : |
| <input type="checkbox"/> | Box No. VIII (iii) | Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application | : |
| <input type="checkbox"/> | Box No. VIII (iv) | Declaration of inventorship (only for the purposes of the designation of the United States of America) | : |
| <input type="checkbox"/> | Box No. VIII (v) | Declaration as to non-prejudicial disclosures or exceptions to lack of novelty | : |

Box No. IX CHECK LIST; LANGUAGE OF FILING

This international application contains:		This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):		Number of items
(a) in paper form, the following number of sheets:				
request (including declaration sheets)	: 6	1. <input checked="" type="checkbox"/> fee calculation sheet		: 1
description (excluding sequence listings and/or tables related thereto)	: 20	2. <input checked="" type="checkbox"/> original separate power of attorney		: 1
claims	: 2	3. <input type="checkbox"/> original general power of attorney		:
abstract	: 1	4. <input checked="" type="checkbox"/> copy of general power of attorney, reference number, if any:		: 2
drawings	: 8	5. <input type="checkbox"/> statement explaining lack of signature		:
Sub-total number of sheets	: 37	6. <input checked="" type="checkbox"/> priority document(s) identified in Box No. VI as item(s): (1)		: 1
sequence listings	: 37	7. <input type="checkbox"/> translation of international application into (language):		:
tables related thereto	:	8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material		:
(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)		9. <input type="checkbox"/> sequence listings in computer readable form (indicate type and number of carriers)		:
Total number of sheets	: 37	(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application):		:
(b) <input type="checkbox"/> only in computer readable form (Section 801(a)(i))		(ii) <input type="checkbox"/> (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter		:
(i) <input type="checkbox"/> sequence listings		(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listings mentioned in left column		:
(ii) <input type="checkbox"/> tables related thereto		10. <input type="checkbox"/> tables in computer readable form related to sequence listings (indicate type and number of carriers)		:
(c) <input type="checkbox"/> also in computer readable form (Section 801(a)(ii))		(i) <input type="checkbox"/> copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application)		:
(i) <input type="checkbox"/> sequence listings		(ii) <input type="checkbox"/> (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater)		:
(ii) <input type="checkbox"/> tables related thereto		(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column		:
Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the		11. <input type="checkbox"/> other (specify):		:
<input type="checkbox"/> sequence listings:				
<input type="checkbox"/> tables related thereto:				
(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)				
Figure of the drawings which should accompany the abstract:	2	Language of filing of the international application:	Japanese	

Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

TSUNODA Yoshisue (Seal)

ISOYAMA Hironobu (Seal)

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1. Date of actual receipt of the purported international application:	2. Drawings: <input type="checkbox"/> received: <input type="checkbox"/> not received:
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):	
5. International Searching Authority (if two or more are competent): ISA / JP	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid

For International Bureau use only

Date of receipt of the record copy by the International Bureau: